

Process for Provider Status Reviews

R 11_15

Services that Require Provider Status Reviews

The DDA will submit a 6 month and annual provider status review for the following services:

- Habilitative Supports
- Habilitative Intervention
- Family Training

Provider Status Review Requirements

Provider status reviews must:

1. Be completed by the **Clinical Supervisor**
2. Be completed at least six (6) month and annually, or more often if determined during the family centered planning process
 - a. The first provider status review is due at the six (6) month mark. Providers must submit the status review within thirty (30) days after the six (6) month date.
 - b. The annual provider status review is due at least forty-five (45) calendar days prior to the expiration of the plan. Status review due date is located on the plan.
3. Be written on a Department approved form. See Children's Developmental Disabilities website at www.childrengddservices.dhw.idaho.gov for approved forms.

If the provider status review is not received, the case manager will contact the DDA and family. If the review is not received within thirty (30) days of contact, the Case Manager will discuss with the family and DDA the possibility that these services will be discontinued if the status review is not received.

Information Included in the Provider Status Review

For each service type, the forms will ask for the following type of information:

- How is the participant responding to the service?
- What is the participant's level of satisfaction with the service?
- What are the barriers to quality service provision?
- Are any changes going to be made to this service?

The Provider Status reviews will be reviewed and utilized to determine need for change, completion of the Plan Monitor Summary and review for the next plan year.